

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Notice of Policy Cancellation Acknowledgment

Policy Number: [Policy Number]
Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

We are writing to formally acknowledge the receipt of your request to cancel the insurance policy referenced above. As per your request, the policy has been terminated effective [Cancellation Date].

Coverage under this policy ceases as of 12:01 AM on the effective date of cancellation. Please ensure that you have secured alternative coverage if required by law or lending agreements.

Refund Information:

Based on the mid-term cancellation, you are entitled to a pro-rata refund of the unearned premium. The calculation is as follows:

- Total Annual Premium: \$[Amount]
- Unearned Premium (Pro-Rata): \$[Refund Amount]

Your refund check is enclosed with this letter. [OR: Your refund will be credited back to your original payment method within 7-10 business days.]

If you have any questions regarding this cancellation or the refund amount, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for the opportunity to have served your insurance needs.

Sincerely,

[Name/Signature]
[Job Title]
[Company Name]